Murfreesboro Gateway Design Development DRC - PROJECT INFORMATION FORM

Phone: 615-893-3750 Betts Nixon Fax: 615-217-3016 DRC Staff Representative Email: bnixon@murfreesborotn.gov Land Parcel Descriptions: Project Address: Address: Email: Phone: City: _____ State: ____ Zip: ____ Address: Email: Phone: City: _____ State: ____ Zip: ____ Landscape Architect:

Address: _____ Email: ____ Phone: _____ City: _____ State: ____ Zip: _____ Civil Engineer: Address: _____ Email: _____ Phone: ____ City: _____ State: ____ Zip: ____ Designated contact person: Description of Proposed Use (Attach additional as required): Gross Site Acreage: _____ (Usable Site Area): ____ (including Common Area if any) Building Height: Building Square Feet: Ground Floor _____ Each Floor Above ____ Total: ____ % Open Space Provided: _____ (20% is required)

Building Coverage: _____ Area Designated for future expansion: _____ Parking and Road Coverage: Parking Spaces: For DRC Staff Use Only: Date Received Application: Date of Final Review: Date of Staff Briefing: Date of Beginning Construction: Date of Pre-Design Briefing: _____ Date of Certificate of Completion: Date of Initial Review: Date of Certificate of Occupancy: Fees and Payment Due prior to Initial Design Review: Application Fee: \$1,500; plus Payment received (Date): \$.03/gross SF for the first 10,000 SF; plus Receipt #: \$.02/gross SF for 10,000 to 100,000 SF; plus \$.01/gross SF over 100,000 SF

Checks are to be made payable to: Murfreesboro Gateway Property Owners' Association, Inc.